



Proof of Insurance

School Name

School Owner's Name

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School Owner's Address

School Address(s)

--	--

City

State

Zip

--	--	--

Owners Phone

School Phone

--

--

E-Mail Address

--

Insurance Company/Agency

--

Insurance Agent

Policy Number

--	--

Insurance Agent's Phone

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Minimum Coverage

Coverage Period

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to

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Yes/No	
	5,000 Medical
	100,000 Liability, Property Damage
	500,000 Bodily Injury and Property Dama
	SDE/DED is Certificate Holder

Vehicles Covered

Make	Model	Year	VIN #

Owner's Signature

Date

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Owner Printed Name

Agent Signature

Date

--

Agent Printed Name

Form will not be accepted without Agent Signature.